

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

05081

M

CERTIFICATE OF DEATH

Reg. Distr. No. 198

1. PLACE OF DEATH:

County

Howard
Coopersville

City or town

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Life

Hospital, Institution, or street address where death occurred:

How long in hospital or institution?

3. (a) FULL NAME

Augustus Hipp Bidinger

4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

Male

W.

Widowed

6. (b) Name of husband or wife

Mary Henrietta Ritter

7. Birth date of deceased (mo., day, yr.)

Aug. 30 1870

6. (c) If alive, give age years

8. AGE:

Years
77Months
9Days
29If less than one day
hrs. min.

9. Birthplace

Coopersville, Howard, Md.

(Town, county, and state)

10. Usual occupation

J. Farmer

11. Industry or business

MOTHER FATHER

William Ellis Bidinger

12. Name

Coopersville

13. Birthplace

Mary Hobbs

14. Maiden name

Coopersville, Md.

15. Birthplace

Mrs. Blanche Pickett

16. Informant

Address

Syracuse, Md.

Burial

Date thereof June 1, 1948

(Burial, cremation, or removal. Which?)

(month) (day) (year)

Cemetery or crematory

McKendree

Location

Coopersville, Md.

18. Funeral director

Harry Steer

Address

Syracuse, Md.

6-2 -

1948

(Date rec'd by registrar)

E. Paul Meier

Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

Slate

Md.

County

Howard

City or town

Coopersville

Rural

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2.(a) If veteran, name war

3. (b) Social Security Number

MEDICAL CERTIFICATION

20. DATE OF DEATH

May 29 1948

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

May 29 1947 to May 29 1948

and that I last saw him alive on

May 29 1948

Immediate cause of death

Hypertension

Due to

Hypertension

Due to

Arteriosclerosis

Other conditions

Arteriosclerotic hypertension

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

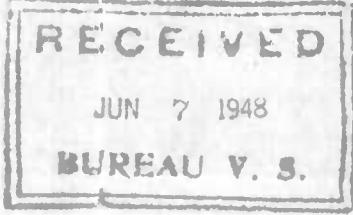
23. SIGNATURE

Charles S. Whitaker, M.D.

M.D. or other

Clarksville, Md.

Date signed 5-31-48



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

05082

186 a

CERTIFICATE OF DEATH

Reg. Dist. No. 190

1. PLACE OF DEATH:

County Howard
 City or town St. Stephens Elkridge
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Howard
 City or town Elkridge
(If outside city or town limits, write RURAL and give nearest town)
 Street No. Meadowridge Ave. St. Stephens
(If rural, give LOCATION)

2.(a) If veteran, name war

3. (b) Social Security Number

218-07-8097

MEDICAL CERTIFICATION

20. DATE OF DEATH May 31 1948 a 5P.M.21. I CERTIFY that death occurred on the date above stated; that I attended deceased from May 31 1948 to May 31 1948 and that I last saw him alive on at no time.

Immediate cause of death

Compound fracture
of skull

DURATION

10 min

Due to Fall

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Accident Date of 5-31-48
 Where did injury occur? Elkridge, Howard, Md. (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury FallInjured at work? yes23. SIGNATURE Alpha M. Werker at home
 M. D. or other DR. MEDICAL EXAMINER OF HOWARD COUNTY
 Address Ellicott City, Md. Date signed 6-2-48

3. (a) FULL NAME

Clarence S. Blackstone4. Sex M 5. Color or race C 6.(a) Single, married, widowed, or divorced Single

6.(b) Name of husband or wife

6.(c) If alive, give age..... years

7. Birth date of deceased (mo. day. yr.) May 17, 18958. AGE: Years 53 Months 0 Days 14 If less than one day hrs. min.9. Birthplace St. Stephens, Elkridge, Md.
(Town, county, and state)10. Usual occupation Construction Work

11. Industry or business

12. Name Horace Blackstone
 MOTHER FATHER

Md

13. Birthplace Md
 MOTHER FATHER14. Maiden name Ella L. Jackson15. Birthplace Md
 MOTHER FATHER16. Informant Maude B. Pierson
 Address Elkridge, Md.17. Burial Blackstone Date thereof 6-3-48
(Burial, cremation, or removal. Which?)Cemetery or crematory BlackstoneLocation St. Stephens, Elkridge, Md.18. Funeral director F.C. Higinbotham
 Address Ellicott City, Md.19. June 3 1948 Dr. E. R. Willcox
 (Date rec'd by registrar) Local Registrar

RECEIVED
JUN 4 1948
BUREAU V. S.



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

05083

131a

194

CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH:

County Howard

City or town Simpsonville

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

3. (a) FULL NAME

Annie Rebecca Boardley

4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

F

C

Married

6. (b) Name of husband or wife

Walter Boardley

6. (c) If alive, give age, years

7. Birth date of deceased (mo., day, yr.)

March 15, 1886

8. AGE:

Years
62Months
1Days
23

If less than one day

hrs. min.

9. Birthplace

Howard County, Md.

(Town, county, and state)

10. Usual occupation

At Home

11. Industry or business

12. Name Matsford Gibson

13. Birthplace

Md

14. Maiden name

Nellie Miles

15. Birthplace

Md

16. Informant

Rosa Powell

Address Washington, D.C.

17. Burial

(Burial, cremation, or removal. Which?)

Date thereof May 11, 1948

(month) (day) (year)

Cemetery or crematory

Locust Chapel

Location

Atholton, Md.

18. Funeral director

F.C. Higinbotham

Address

Ellicott City, Md.

19. May 9 1948

(Date rec'd by registrar)

Mari C. Whaley

Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Howard

City or town Simpsonville

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2. (a) If veteran, name war

3. (b) Social Security Number

None

MEDICAL CERTIFICATION

20. DATE OF DEATH

May 8 1948 at 12.40A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

September 9, 1946 to May 7, 1948

and that I last saw her alive on May 7, 1948

Immediate cause of death

Arterial occlusion

Due to

Due to

Other conditions Hypertension cardio -
vascular renal disease

(Include pregnancy within 8 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

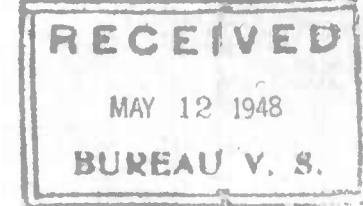
23. SIGNATURE

Charles S. Whitaker, M.D.

M. D. or other

5-9-48

Address Date signed



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

65084

836

CERTIFICATE OF DEATH

Reg. Dist. No. 191

1. PLACE OF DEATH:

County

Howard

City or town

Ellis City

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

17 days

Hospital, Institution, or street address where death occurred:

Piney Clinic

How long in hospital or institution?

17 days

3. (a) FULL NAME

Anna Smith Dixon

4. Sex

Female

5. Color or race

white

6. (a) Single, married, widowed, or divorced

Widowed

6. (b) Name of husband or wife

Harrison Bowdle Dixon

(Died 1921)

6. (c) If alive, give age

years

7. Birth date of deceased (mo., day, yr.)

December 3, 1873.

8. AGE:

Years

Months

Days

If less than one day

74

5

hrs.

min.

9. Birthplace

Woolfords, Dorchester Co., Md.

(Town, county, and state)

10. Usual occupation.

11. Industry or business

MOTHER FATHER

William Appleton

13. Birthplace

Maryland

14. Maiden name

Charlotte Linthicum

15. Birthplace

Maryland

16. Informant

Major Harrison Dixon

Address

Tokyo, Japan.

17. Burial

(Burial, cremation, or removal. Which?)

Date thereof May 8, 1948

(month) (day) (year)

Cemetery or crematory

Old Trinity Cemetery

Location

Church Creek, Dor Co., Md.

18. Funeral director

LeCompte's Funeral Service

Address

Cambridge, Maryland

19. Death cert.

19-44

(Date rec'd by registrar)

John B. Langham.

En. B. E. 29

Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State

Maryland

County

Dorchester

City or town

Cloud Creek

Street No.

Rural - Church Creek

(If rural, give LOCATION)

2. (a) If veteran, name war

3. (b) Social Security Number

MEDICAL CERTIFICATION

20. DATE OF DEATH

May 4

19 48

at 5:30 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

4/18 1948

to

5/4 1948

and that I last saw her alive on

5/4 1948

Immediate cause of death

Cerebral Infarction

DURATION

1 day

Due to

Cerebral arteriosclerosis

Due to

Generalized arteriosclerosis

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

0

Date of op.

Autopsy results

0

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work

23. SIGNATURE

Doris J. Taylor M.D.

M. D. or other

Address

Ellis City, Md.

Date signed

5/4/48

Mc

Please write plainly, with UNFADING INK. Supply every item of information carefully. The correct

is especially important. Physicians: please write the causes of death clearly and legibly.

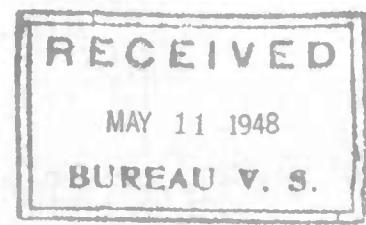
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I

9-45-15M

VS A15

T



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

05085

CERTIFICATE OF DEATH

94a

195

Reg. Dist. No.

1. PLACE OF DEATH:

County HowardCity or town Savage

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 42 years

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

3. (a) FULL NAME

George Albert Dixon

4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

MWMarried

6. (b) Name of husband or wife

Elsie M. Dixon64 years

7. Birth date of deceased (mo., day, yr.)

August 15, 1884

6. (c) If alive, give age

8. AGE:

Years 63Months 9Days 9

If less than one day

hrs.

min.

9. Birthplace

Maryland
(Town, county, and state)

10. Usual occupation

Retired crane operator

11. Industry or business

U. S. Navy Yard

MOTHER FATHER

12. Name Charles Dixon

13. Birthplace

Maryland

14. Maiden name

Maggie Colson

15. Birthplace

Maryland

16. Informant

Elsie M. Dixon

Address

Savage, Md.

17. Burial

Date thereof May 27, 1948
(Burial, cremation, or removal. Which?)

(month) (day) (year)

Cemetery or crematory

Savage Cemetery

Location

Savage, Maryland

18. Funeral director

De Wit Donaldson

Address

Layel, Maryland

19. Date rec'd by registrar

5/27/48

(Date rec'd by registrar)

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County HowardCity or town Savage
(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2.(a) If veteran, name war

3. (b) Social Security Number

MEDICAL CERTIFICATION

20. DATE OF DEATH May 24 1948 at 8:45 P.M.21. I CERTIFY that death occurred on the date above stated; that I attended deceased from May 24, 1948 to May 24, 1948 and that I last saw him alive on May 24, 1948

Immediate cause of death

Coronary Thrombosis

DURATION

30 min.Due to Due to Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

Frank Shipley, M.D.
D. or oth.
Address Savage, Md. Date signed 5/27/48

1169



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

05086

93d

CERTIFICATE OF DEATH

Reg. Dist. No. 191

1. PLACE OF DEATH:

County HowardCity or town Ellicott City (Rural)

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

3. (a) FULL NAME

Jefferson D. Dunkel4. Sex M 5. Color or race W 6. (a) Single, married, widowed, or divorced Single

6. (b) Name of husband or wife.....

6. (c) If alive, give age..... years

7. Birth date of deceased (mo. day. yr.)

18618. AGE: Years 87 Months Days If less than one day hrs. min.9. Birthplace Maryland (Town, county, and state)10. Usual occupation Farmer

11. Industry or business

12. Name John L. Dunkel13. Birthplace Maryland14. Maiden name Rebecca Davidge15. Birthplace Maryland16. Informant Louise DunkelAddress Preston Apt. Baltimore, Md17. Burial Burial Date thereof 5-26-48 (Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory St. JohnsLocation Ellicott City, Md.18. Funeral director F. C. HiginbothamAddress Ellicott City, Md.19. May 23, 1948 (Date rec'd by registrar) John B. Longham, Jr. (Signature) B. E. P. (Registrar)

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County HowardCity or town Ellicott City (If outside city or town limits, write RURAL and give nearest town)

Street No. _____ (If rural, give LOCATION)

2.(a) If veteran, name war.....

3. (b) Social Security Number

MEDICAL CERTIFICATION

20. DATE OF DEATH May 23, 1948 19..... at 10 00 AM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Aug 18 1946, to May 23 1948and that I last saw him alive on May 22 1948

Immediate cause of death

Acute cardiac failure DURATION 24 hrs.Due to Chronic myocarditis 20 yrs.Due to Arteriosclerosis, generalized 30 yrs.

Other conditions

(Include pregnancy within 5 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

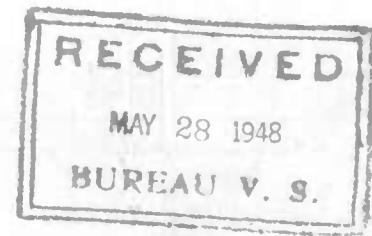
Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE Charles S. Whittaker, M.D. M. D. or otherAddress Charlottesville, Md. Date signed 5-26-48



PLEASE WRITE PLAINLY, WITH ENFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

05087

180

Reg. Dist. No. 191

CERTIFICATE OF DEATH

1. PLACE OF DEATH:
Howard County

City or town: Simpsonville
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, Institution, or street address where death occurred:

How long in hospital or institution?

3. (a) FULL NAME

John Henry Greenfield

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
M	C	Separated

6. (b) Name of husband or wife: Unknown

7. Birth date of deceased (mo., day, yr.)
Oct. 4, 1890

8. AGE:	Years	Months	Days	It less than one day
	57	7	12	hrs. min.

9. Birthplace: Simpsonville, Howard Co., Md.
(Town, county, and state)

10. Usual occupation: Laborer

11. Industry or business

12. Name: Wesley Greenfield

13. Birthplace: Md

14. Maiden name: Betty Bruce

15. Birthplace: Md

16. Informant: Frank Greenfield

Address: 528 N. Bruce St. Balto 23, Md.

17. Burial: Date thereof: 5-19-48
(Burial, cremation, or removal. Which?)

Cemetery or crematory: Locust Chapel

Location: Simpsonville, Md.

18. Funeral director: F.C. Higinbotham

Address: Ellicott City, Md.

19. (Date rec'd by registrar) 5/18/48 19 A.W. Hedrick

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Maryland County: Howard

City or town: Simpsonville
(If outside city or town limits, write RURAL and give nearest town)Street No.:
(If rural, give LOCATION)

2.(a) If veteran, name war:

3. (b) Social Security Number

?

MEDICAL CERTIFICATION

20. DATE OF DEATH: May 17 1948 at 2 A.M.

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from May 17 1948 to May 17 1948 and that I last saw him alive on at no time.

Immediate cause of death:

Inconcretion

Due to:

Due to:

Other conditions:

(Include pregnancy within 8 months of death)

Major findings of operations:

Date of op.

Autopsy results:

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Accident Date of 5-17-48
Where did injury occur? Simpsonville, Howard Co., Md. (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) Home

Means of injury: House burned Injured at work?

23. SIGNATURE: Alpha M. Herbert, M.D.
Deputy Medical Examiner for Howard County
Address: Ellicott City, Md. Date signed: 5-17-48

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

147d 198
05688

Reg. Dist. No. 198

1. PLACE OF DEATH: Howard
County..... Woodbine
City or town..... (If outside city or town limits, write RURAL and give nearest town) Life
How long in above place of death?.....
Hospital, Institution, or street address where death occurred:.....
How long in hospital or institution?.....

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
Maryland County..... Howard
City or town..... (If outside city or town limits, write RURAL and give nearest town) Woodbine
Street No..... (If rural, give LOCATION)
2.(a) If veteran, name war.....

3. (a) FULL NAME HELEN V. HAINES

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Married
Melvin V. Haines		

6.(b) Name of husband or wife.....
6.(c) If alive, give age 40 years

7. Birth date of deceased (mo. day, yr.) Dec. 24, 1913

8. AGE: Years 34 Months 4 Days 17 If less than one day
hrs. min.

Carroll Co. Maryland

9. Birthplace..... (Town, county, and state)
Housewife

10. Usual occupation.....

11. Industry or business Harry Clinton Brightwell

12. Name.....
Maryland

13. Birthplace.....
Ella May Allen

14. Maiden name.....
Maryland

15. Birthplace.....
Mr. Melvin V. Haines

16. Informant.....
Address Woodbine, Md.

17. Burial..... Date thereof 5-13-48
(Burial, cremation, or removal, where?) Church Of God

Cemetery or crematory.....
Winfield, Carroll Co. Md.

Location.....
C. M. Waltz

18. Funeral director.....
Address Winfield, Md.

19. Date rec'd by registrar 5-18-1948 C. M. Waltz
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH..... May 11 1948 at 6 a.m.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

May 11 1948 to May 11 1948

and that I last saw her alive on May 11 1948

Immediate cause of death..... Acute Embolism

Due to..... The postpartum delivery -

During labor

Other conditions.....

(Include pregnancy within 8 months of death)

Major findings of operations..... Date of op.

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

Where did injury occur?..... (City or town) (County) (State)

Injured at home, farm, industry, public place (where?).....

Means of injury..... Injured at work?

23. SIGNATURE C. M. Waltz
Address Winfield, Md. M. D. or other

Date signed 5/11/48

RECEIVED
MAY 15 1948
BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

48a

05089

191

Reg. Dist. No.

CERTIFICATE OF DEATH

1. PLACE OF DEATH:

County

Howard
RFD #2 Elliott City

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

3. (a) FULL NAME

Marie R. Krobus

3. (b) Social Security Number

4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

Female

White

Married

6. (b) Name of husband or wife

Harry H. Krobus

6. (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

September 17, 1892

8. AGE:

Years

Months

Days

If less than one day hrs. min.

9. Birthplace

Baltimore Md.

(Town, county and state)

10. Usual occupation

Housewife

11. Industry or business

Paul Ciecholski

12. Name

MOTHER FATHER

13. Birthplace

Germany

14. Maiden name

Emma Younger

15. Birthplace

Maryland

16. Informant

Harry H. Krobus

Address

R.F.D. #2

Elliott City

17. Burial

(Burial, cremation, or removal, where)

Date thereof

5/12/48

(month)

(day) (year)

Cemetery or crematory

Western

Location

Baltimore Md.

18. Funeral director

William Cook Inc.

Address

1217 St. Paul St.

19. (Date rec'd by registrar)

19-48

Date signed

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Howard

City or town RFD #2 Elliott City

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2.(a) If veteran, name war

MEDICAL CERTIFICATION

20. DATE OF DEATH May 9 1948 at 10 42 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 12/1/47 to 5/18/48

and that I last saw her alive on May 9 1948

Immediate cause of death

Generalized carcinoma of cervix

Due to Carcinoma of cervix

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations Carcinoma cervix in rectum Date of op. 12/12/47

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Theodore J. Grayer, M.D.

M.D. or other

Address 2802 Howard St. Date signed 10/10/48

Registrar

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

05090

CERTIFICATE OF DEATH

Reg. Dist. No. 192

MARGIN RESERVED FOR BINDING

I

9-45-1

VS A15

T

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

Howard County

City or town: Cooksville, Md.

How long in above place of death?

Hospital, Institution, or street address where death occurred:

How long in hospital or institution?

3. (a) FULL NAME

Rosa Madison

4. Sex

F

5. Color or race

C

6. (a) Single, married, widowed, or divorced

M

6. (b) Name of husband or wife

John W. Alexander

7. Birth date of deceased (mo., day, yr.)

12/12/1894

B. (c) If alive, give age years

8. AGE:

Years 53 Months 5 Days 17 If less than one day hrs. min.

9. Birthplace

Greenville, S.C.

(Town, county, and state)

10. Usual occupation

N.W. wife

11. Industry or business

Galaxy Womell

12. Name

Galaxy Womell

13. Birthplace

Greenville, S.C.

14. Maiden name

Suzie Womell

15. Birthplace

Greenville, S.C.

16. Informant

Josephine Alexander

Address

590 Priestman St

17. Burial (Burial, cremation, or removal. Which?)

BurialDate thereof 6/2/48 (month) (day) (year)Cemetery or crematory Mt. Calvary

Location

Md.

18. Funeral director

Geo. S. Kelsen

Address

1303 Priestman St

19. (Date rec'd by registrar)

6/1/48

19. (Date)

19.

Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants, give residence of mother)

State Md. County HowardCity or town: HB Building (If outside city or town limits, write RURAL and give nearest town)Street No. Cooksville, Md. (If rural, give LOCATION)

2. (a) If veteran, name war

3. (b) Social Security Number

MEDICAL CERTIFICATION

20. DATE OF DEATH

May 29 1948 at 10:00 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

May 20 1948 to May 29 1948and that I last saw her alive on May 28 1948

Immediate cause of death

Cerebral hemorrhage

DURATION

9 days

Due to

Essential hypertension2 yrs

Due to

Other conditions

(Include pregnancy within 8 months of death)

Major findings at operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE Charles S. Whitaker, M.D.

M.D. or other

Address Clarksburg, Md.Date signed 5-30-48

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct and legible answer is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

05091

83a

CERTIFICATE OF DEATH

Reg. Dist. No. 191

1. PLACE OF DEATH:

County HowardCity or town Ellicott City Rural

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

3. (a) FULL NAME

Elsie Pearl Phelps

4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

F

W

Single

6. (b) Name of husband or wife

6. (c) If alive, give age years

7. Birth date of deceased (mo. day. yr.)

May 29 1892

8. AGE: Years Months Days If less than one day
65 11 25 hrs. min.9. Birthplace Bethany Md.
(Town, county, and state)10. Usual occupation At Home

11. Industry or business

12. Name George Oliver Phelps13. Birthplace Md14. Maiden name Annie V. Davis15. Birthplace Md16. Informant Violet PhelpsAddress Ellicott City, Md.17. Burial Burial Date thereof 5-27-48
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory Good ShepherdLocation Ellicott City Md.18. Funeral director F.C. HiginbothamAddress Ellicott City Md.19. May 27 1948 John B. Longhena
(Date rec'd by registrar) Rec'd B. E. L. Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County HowardCity or town Ellicott City RuralStreet No. Rogers Ave.
(If rural, give LOCATION)

2. (a) If veteran, name war

3. (b) Social Security Number

MEDICAL CERTIFICATION

2D. DATE OF DEATH May 24 1948 at 5:10 P.M.

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from

Jan 1 1948 to May 24 1948and that I last saw her alive on May 24 1948Immediate cause of death Cerebral hemorrhageDURATION 18 daysDue to Hypertension

Due to:

Other conditions:

(Include pregnancy within 3 months of death)

Major findings of operations:

Date of op.

Autopsy results:

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

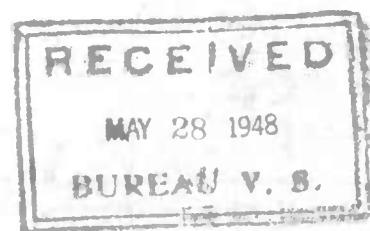
Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE John B. Longhena M. D. or otherAddress Ellicott City Date signed May 27, 1948



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct page is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

05092

CERTIFICATE OF DEATH

93d
Reg. Dist. No. 191

1. PLACE OF DEATH:

County HowardCity or town Ellicott City

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

3. (a) FULL NAME

Joanna Doing Reidy

3. (b) Social Security Number

4. Sex F 5. Color or race W 6. (a) Single, married, widowed, or divorced Widow6. (b) Name of husband or wife Daniel M. Reidy7. Birth date of deceased (mo., day, yr.) Feb. 17, 1857 8. (c) If alive, give age years8. AGE: Years 91 Months 2 Days 20 If less than one day hrs. min.9. Birthplace Clyde, Ohio (Town, county, and state)10. Usual occupation At Home

11. Industry or business

12. Name David Doing13. Birthplace R.I.14. Maiden name Sylvia Avery15. Birthplace Mass16. Informant Mrs. M. BrennanAddress Ellicott City, Md17. Removal for Burial Date thereof 5-10-48
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory ClydeLocation Clyde, Ohio18. Funeral director F. C. HiginbothamAddress Ellicott City, Md.19. May 7 1948
(Date rec'd by registrar)

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County HowardCity or town Ellicott City

(If outside city or town limits, write RURAL and give nearest town)

Street No. Ellicott St.

(If rural, give LOCATION)

2.(a) If veteran, name war

MEDICAL CERTIFICATION

20. DATE OF DEATH May 7, 1948 a. 5-45A m.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Jan 1 1947 to 5-7 1948
and that I last saw her alive on 5-7 1948

Immediate cause of death

Arteriosclerotic Cardio
Vascular disease

Due to

Due to

Other conditions

(Include pregnancy within 8 months of death)

Major findings of operations None

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

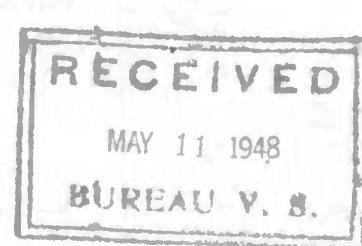
Nature of injury

Injured at work

23. SIGNATURE George E. Burtt Jr. M.D.

M. D. or other

Address Ellicott City, Md. Date signed 5-7-48



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

05093
93d

CERTIFICATE OF DEATH

Reg. Dist. No. 191

1. PLACE OF DEATH:

County.....

Howard
Ellicott City. - Rural

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

3. (a) FULL NAME

Mary Elizabeth Shipley

3. (b) Social Security Number

4. Sex

5. Color or race

6.(a) Single, married, widowed, or divorced

Female

White

Married

6.(b) Name of husband or wife

Robert A. Shipley

6.(c) If alive, give age

69

years

7. Birth date of deceased (mo., day, yr.)

Sept. 25, 1872

8. AGE:

Years

Months

Days

If less than one day

hrs.

min.

9. Birthplace:

Carroll Co. Md

(Town, county, and state)

10. Usual occupation:

Housewife

11. Industry or business

MOTHER FATHER

12. Name.....

Not known

13. Birthplace

Sarah Hotfield

14. Maiden name.....

15. Birthplace

16. Informant

Mr. Robt. A. Shipley

Address

Sykesville, Md.

17. Burial

(Burial, cremation, or removal, which?)

Date thereof..... 5-29-48

(month) (day) (year)

Cemetery or crematory

Brandenburg

Location

Berrett, Carroll Co. Md.

18. Funeral director

C. M. Waltz

Address

Winfield, Md.

19. Death..... 1948
(Date rec'd. by registrar)John B. Langham
Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Carroll

City or town Sykesville Rural

Street No.

(If rural, give LOCATION)

2.(a) If veteran, name war

MEDICAL CERTIFICATION

20. DATE OF DEATH..... May 26 1948 at 10 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

25 May 1948 to 26 May 1948

and that I last saw her alive on 25 May 1948

Immediate cause of death.....

Cardiac failure

DURATION

1 month

Due to..... coronary or myocardial

atherosclerotic cardio-vascular 10 years

Due to..... Disease.

Other conditions.....

(Include pregnancy within 3 months of death)

Major findings of operations.....

Date of op.....

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

Where did injury occur?..... (City or town) (County) (State)

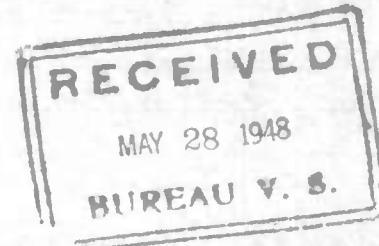
Injured at home, farm, industry, public place (where?)

Means of injury..... Injured at work?

23. SIGNATURE..... William F. Faraway, M.D.

M. D. or other

Address..... Ellicott City, Md. Date signed 5-26-48



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

159

05094
195

CERTIFICATE OF DEATH

Reg. Dist. No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING



VS A15

1. PLACE OF DEATH: Howard
 County: Jessup Rural
 City or town: Jessup Rural
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death: 2 hrs.
 Hospital, Institution, or street address where death occurred: Mission Rd.
 How long in hospital or institution?

3. (a) FULL NAME

Kenneth Thomas

4. Sex M 5. Color or race Col. 6.(a) Single, married, widowed, or divorced Single

6.(b) Name of husband or wife: ✓

7. Birth date of deceased (mo., day, yr.) May 3rd 1948 6.(c) If alive, give age: years

8. AGE: Years 6 Months 0 Days 0 If less than one day 2 hrs. min.

9. Birthplace: Jessup, Md. R. 7-41 (Town, county, and state)

10. Usual occupation: ✓

11. Industry or business: ✓

12. Name: Eugene Thomas

13. Birthplace: ✓ Md.

14. Maiden name: Sarah Wilson

15. Birthplace: ✓ Ind.

16. Informant: Sarah Thomas

Address: Jessup, Md., R. 7-41

17. Burial (Burial, cremation, or removal. Which?) Burial Date thereof: 5/7/48
 (Month) (day) (year)

Cemetery or crematory: On premises

Location: ✓

18. Funeral director: Eugene Thomas, acting

Address: Jessup, Md., R. 7-41

5/4/48. 15. Frank Shipler

19. (Date rec'd by registrar) Frank Shipler

2. USUAL RESIDENCE (HOME) OF DECEASED:
 (For newborn infants give residence of mother)

State: Md. County: Howard
 City or town: Jessup Rural
 (If outside city or town limits, write RURAL and give nearest town)
 Street No.: Mission Rd.
 (If rural, give LOCATION)

2.(a) If veteran, name war: ✓

3. (b) Social Security Number ✓

MEDICAL CERTIFICATION

20. DATE OF DEATH: May 3rd 1948 at 6a.m.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from May 3 1948 to May 3 1948

and that I last saw him alive on May 3 1948

Immediate cause of death: Prematurity

Due to: ✓

Due to: ✓

Other conditions: ✓

(Include pregnancy within 3 months of death)

Major findings of operations: ✓

Date of op.: ✓

Autopsy results: ✓

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: ✓ Date of: ✓

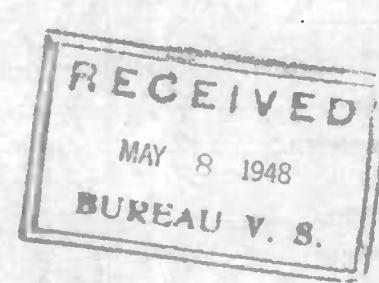
Where did injury occur? ✓ (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) ✓

Means of injury: ✓ Injured at work? ✓

23. SIGNATURE: Frank Shipler, M.D. D. or other ✓

Address: Savage, Md. Date signed: 5/4/48



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

468

05095

195

CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH:

County Howard
City or town North Laurel

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 30 yrs.

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

3. (a) FULL NAME

Mary Maggie Waters

4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

Female colored MarriedThomas W. Waters

6. (b) Name of husband or wife

7. Birth date of deceased (mo., day, yr.) Oct 18, 18796. (c) If alive, give age 74 years

8. AGE:

Years

Months

Days

If less than one day

68

7

9

hrs.

min.

9. Birthplace

Rappahannock, Va.

(Town, county, and state)

10. Usual occupation

Housewife

11. Industry or business

12. Name Richard Washington13. Birthplace Virginia14. Maiden name Victoria, last name15. Birthplace ? unknown16. Informant Hattie BurleyAddress Laurel Md17. Burial Rural Date thereof May 26, 1948

(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Bacmonds CemeteryLocation Anne Arundel Co Maryland18. Funeral director Ridge SellyAddress 409 Washington Laurel Rd.19. Date rec'd by registrar 5/25/48 Date signed Frank S. S.

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md County HowardCity or town North Laurel

(If outside city or town limits, write RURAL and give nearest town)

Street No. Laurel Rd.

(If rural, give LOCATION)

2. (a) If veteran, name war

3. (b) Social Security Number

MEDICAL CERTIFICATION

20. DATE OF DEATH May 24, 1948

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

4/27 1947 to May 24, 1948and that I last saw her alive on May 22, 1948

Immediate cause of death

Gastric Neuritis

Due to

Gastric Carcinoma

Due to

2 d.

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Where did injury occur

(City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of Injury

Injured at work?

23. SIGNATURE J. M. Warren, M.D.

M. D. or other

Address LaurelDate signed 5/25/48

